

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00484642		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 / 16 / 2014</div> </div>		
Mailing Address 114A Mansfield Hollow Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30719.45</div>		
City Mansfield Center State CT Zip Code 06250-1316		Transaction ID : VN7GB9WXE26 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>			
Purpose of Expenditure Direct Mail - Estimate		Category/Type			
Name of Federal Candidate Joni Ernst			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">3467869.53</div>		
Disbursement For: 2014			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 / 17 / 2014</div> </div>		
Mailing Address 114A Mansfield Hollow Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20696.82</div>		
City Mansfield Center State CT Zip Code 06250-1316		Transaction ID : VN7GB9WQ2D0 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>			
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Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">3467869.53</div>		
Disbursement For: 2014			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">51416.27</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

Signature _____

[Electronically Filed]

Date

M M M

 /

D D D

 /

Y Y Y Y Y Y

10 / 17 / 2014

FEC Schedule E (Form 24/28) Rev. 09/2013